PROGRAMMING INSTRUCTIONS APPEAR IN BLUE

**In order to determine whether you are eligible to participate, please answer the following 7 questions.**

display calendar highlighting the past 7 calendar days for all questions, except fOr pentamidine in Question 1 (DISPLAY CALENDAR HIGHLIGHTING PAST 30 CALENDAR DAYS).

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| 1. | At any time in the **past 7 calendar days**, did you administer **any** of the following in aerosolized form to patients?   * **TOBRAMYCIN** (*TOBIR*), **AMIKACIN** (*AmikinR*) or **COLISTIN** * **RIBAVIRIN** (*VirazoleR*)   **OR**  At any time in the **past 30 calendar days**, did you administer   * **PENTAMIDINE** (*NebupentR*)   in aerosolized form to patients? | * Yes LINK TO MODULE A * No |
| 2. | At any time in the **past 7** **calendar days**, did you compound (i.e., mix or prepare) **ANTINEOPLASTIC AGENTS**? *Antineoplastic agents are also known as chemotherapeutic, anti-cancer, or cytotoxic drugs.* | * Yes LINK TO MODULE B * No |
| 3. | At any time in the **past 7 calendar days**, did you administer **ANTINEOPLASTIC AGENTS** to patients? *Antineoplastic agents are also known as chemotherapeutic, anti-cancer, or cytotoxic drugs.* | * Yes LINK TO MODULE C * No |
| 4. | At any time in the **past 7 calendar days**, did you use **ETHYLENE OXIDE (EtO) or HYDROGEN PEROXIDE GAS PLASMA** to chemically sterilize medical devices, instruments or supplies? | * Yes LINK TO MODULE D * No |
| 5. | At any time in the **past 7 calendar days**, did you use any of the following to chemically disinfect medical devices, instruments or supplies?   * **GLUTARALDEHYDE**(e.g., Cidex®, ColdSport®, Endocide®, Glutacide®, Hospex®, Metricide®, Onicide®, Rapicide®, Sonacide®,Sporicidin®, Wavicide®); * **ORTHOPHTHALDEHYDE**(e.g., Cidex OPA®); * **PERACETIC ACID**(e.g., Steris® system); * **HYDROGEN PEROXIDE**(e.g., Accell®, Optim®, Sporox®);   **OR**   * **HYDROGEN PEROXIDE and PERACETIC ACID** (Acecide®, Metrex®, Peract®) | * Yes LINK TO MODULE E * No |
| 6. | At any time in the **past 7 calendar days**, did you work within 5 feet of the source of **SURGICAL SMOKE**? | * Yes LINK TO MODULE F * No |
| 7. | At any time in the **past 7 calendar days**, did you personally administer **ANESTHETICS** as a gas? *Please do not include instances where you supervise others who administer anesthetic gases.*  Anesthetic gases include nitrous oxide, desflurane, sevoflurane, halothane, enflurane and isoflurane | * Yes LINK TO MODULE G * No |

If Respondent marks ‘YES’ to ONLY ONE OF THE 7 SCREENING questions 🡺GO to LINKED HAZARD MODULE, then to core module, then exit survey.

If Respondent marks ‘YES’ to MORE THAN ONE OF THE 7 SCREENING questions 🡺 LIST chemical agents associated with these questions (all chemical agents are listed below for illustration purposes).

**Please rank top two chemical agents in order of most to least used/exposed. Use “1’ for most used/exposed and “2’ for second most used/exposed.** allow only one “1”’selection and one “2” selection for questions r1-r7.

If ONE of the top two chemical agents is targeted to professional organization OF r espondent 🡺GO to targeted hazard module, then to core module, then to (optional) remaining hazard module.

If NONE OF THE TOP TWO CHEMICAL AGENTS ARE TARGETED TO PROFESSIONAL ORGANIZATION OF respondent 🡺GO to hazard module FOR HIGHEST RANKED AGENT(S), then to core module, then to optional remaining hazard module (FOR SECOND HIGHEST RANKED AGENT(S).

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| R1. | **TOBRAMYCIN** (*TOBIR*), **AMIKACIN** (*AmikinR*) **COLISTIN, RIBAVIRIN** (*VirazoleR*) or **PENTAMIDINE** (*NebupentR*) | Provide DROP DOWN LIST OF “1” AND “2”;  LINK TO MODULE A |
| R2. | **(Prepare) ANTINEOPLASTIC AGENTS** (*also known as chemotherapeutic, anti-cancer, or cytotoxic drugs).* | PROVIDE DROP DOWN LIST OF “1” AND “2”;  LINK TO MODULE B |
| R3. | **(Administer) ANTINEOPLASTIC AGENTS** *(also known as chemotherapeutic, anti-cancer, or cytotoxic drugs).* | PROVIDE DROP DOWN LIST OF “1” AND “2”;  LINK TO MODULE C |
| R4. | **ETHYLENE OXIDE (EtO) or HYDROGEN PEROXIDE GAS PLASMA** | PROVIDE DROP DOWN LIST OF “1” AND “2”;  LINK TO MODULE D |
| R5. | **GLUTARALDEHYDE**(e.g., Cidex®, ColdSport®, Endocide®, Glutacide®, Hospex®, Metricide®, Onicide®, Rapicide®, Sonacide®,Sporicidin®, Wavicide®);  **ORTHOPHTHALDEHYDE**(e.g., Cidex OPA®);  **PERACETIC ACID**(e.g., Steris® system);  **HYDROGEN PEROXIDE**(e.g., Accell®, Optim®, Sporox®);  or  **HYDROGEN PEROXIDE and PERACETIC ACID** (Acecide®, Metrex®, Peract®) | PROVIDE DROP DOWN LIST OF “1” AND “2”;  LINK TO MODULE E |
| R6. | **SURGICAL SMOKE** | PROVIDE DROP DOWN LIST OF “1” AND “2”; LINK TO MODULE F |
| R7. | **ANESTHETIC GASES** *(includes nitrous oxide, desflurane, sevoflurane, halothane, enflurane and isoflurane)* | PROVIDE DROP DOWN LIST OF “1” AND “2”;  LINK TO MODULE G |

If RESPONDENT marks ‘No’ to all 7 SCREENING questions 🡺GO to Question E8

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| E8. | In the **past 7 calendar days**, what was your working status? | * Working for pay at a job or business END SURVEY, ‘THANK YOU’ STATEMENT * Working, but not for pay, at a family-owned job or business (e.g., volunteer, student trainee) END SURVEY, ‘THANK YOU’ STATEMENT * Not working at a job or business 🡺GO to Question E9 |
| E9. | What was the main reason for not working in the **past 7 calendar days**? | * On layoff (temporary or indefinite) * Slack work/business conditions * Waiting for new job to begin * Vacation/personal days * Own illness/injury/medical problems * Child care problems * Other family/personal obligation * Maternity/paternity leave * Labor dispute * Weather affected job * School/training * Civic/military duty * Looking for work * Retired * Disabled * Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   All RESPONSES 🡺GO to Question E10 |
| E10. | In the **past 30 calendar days**, what was your working status? | * Working for pay at a job or business END SURVEY, ‘THANK YOU’ STATEMENT * Working, but not for pay, at a family-owned job or business (e.g., volunteer, student trainee) END SURVEY, ‘THANK YOU’ STATEMENT * Not working at a job or business 🡺GO to Question E11 |
| E11. | What is the main reason for not working in the **past 30 calendar days**? | * On layoff (temporary or indefinite) * Slack work/business conditions * Waiting for new job to begin * Vacation/personal days * Own illness/injury/medical problems * Child care problems * Other family/personal obligation * Maternity/paternity leave * Labor dispute * Weather affected job * School/training * Civic/military duty * Looking for work * Retired * Disabled * Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     All RESPONSES END SURVEY, ‘THANK YOU’ STATEMENT |